

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. A 1770 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barth Mita Ursels

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, Days,

Color, colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Infant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give street and Number. } 134 Hughes St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Colic Infantile Prostration from discharge

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, July 27 1887

Undertaker, S. W. Chas.

Place of Business, 641 Howard Address, Harmon Ave St

R. Stanforth M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1771

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1771 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1887

Full Name of Deceased, Ernest Vietz

Sex, Male or Female, Male

Age, 24 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Butcher

Birth Place, Germany (6 yrs. in America)

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, D. Joseph's Hospital

Cause of Death, Typhoid Fever
Pneumonia

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 29th

Undertaker, Evans & Spence

Place of Business, 1000 E. Balto. St. Address, Oscar J. Hosking M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1772 Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1887

Full Name of Deceased, May E. Jefferson
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 48 Years, 1 Months, 1 Days

Color, White

Married, Single, Widow or Widower, Married
{ Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 321 S. Hollington Ave.
{ Give Street and Number. }

Cause of Death, Pneumonia
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 29th 1887

Undertaker, E. E. Egan & Co. M. D.

Place of Business, 37 South & Wolfe Sts. Address,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1773 Office of Registrar of Vital Statistics. Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th. July 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Victoria Panangaska

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 4 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Platow, Prussia, Germany

Duration of Residence in the City of Baltimore, 2 months

Place of Death, { Give Street and Number. } S. Broadway 710

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cmi

Date of Burial, July 29. 84

Undertaker, Felix Broskowski

Place of Business, 1332 Wisconsin Address, S. Wolpert 318.

William. Kennel M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1774

Office of Registrar of Vital Statistics.

Ward

24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Katie Yelinefska

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

6 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

City

Since Birth

Place of Death, { Give Street and Number. }

718 S. Bond St

Cause of Death, { First (Primary), }

Second (Immediate),

Trismus vasculorum

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Church

Date of Burial,

July 28, 87

Undertaker,

Felix Broschowski

John H. Rehberger

M. D.

Medical Attendant.

Place of Business,

1732 Alisann

Address, 1709 Alice Annah

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 1775* Office of Registrar of Vital Statistics.

Ward *24*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *24th. July 1887*

Full Name of Deceased, *Frank Labonte*

Sex, *Male* or *Female*, *Male*

Age, *2* Years, *0* Months, *0* Days.

Color, *white*

Married, Single, Widow or Widower, *Single*

Occupation, *City*

Birth Place, *Baltimore City*

Duration of Residence in the City of Baltimore, *during lifetime*

Place of Death, *C. Thomas and Bell Street*

Cause of Death, *Septicemia*
Concussions

Duration of Last Sickness, *12 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Reefer Cemetery*

Date of Burial, *July 28, 87*

Undertaker, *Felix Broschewsky* *William Hennel* M. D.

Place of Business, *1832 Wisconsin* Address, *S. Walpert 318*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1776 Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

George T. Butler

Sex, Male or Female, { Cross out the word not required in this line.

Male

Age, 63 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Widower

Occupation,

Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Harford Co., Md.

Duration of Residence in the City of Baltimore,

35 yrs

Place of Death, { Give Street and Number.

1102 E. Biddle St

Cause of Death, { First (Primary), Second (Immediate),

Asthma of Lungs

Duration of Last Sickness,

About 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Mary Cemetery, Foverston

Date of Burial, July 29-1887

M. B. Billings M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, #413 E. Fayette St Address, 1206 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1777 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th / 88

Full Name of Deceased, Elizabeth Fortmeyer { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female ~~Male~~ { Cross out the word not required in this line. }

Age, 49 Years, White Months, ✓ Days.

Color, White ✓

Married, Single ~~Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Baltimore City, Md.

Birth Place, Baltimore City, Md. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, and her life

Place of Death, Old No 13. Mc Henry St. { Give Street and Number. }

Cause of Death, Epilepsy Apoplexy of bowels { First (Primary), Second (Immediate), }

Duration of Last Sickness, ✓

All the above information should be furnished by the Physician.

Place of Burial, London Road Cemetery

Date of Burial, July 29th / 88

Undertaker, George Leimbach Wm. J. Kroger M. D. Medical Attendant.

Place of Business, 417 W. Balto St. Address, 662 W. Lexington E

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1778 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1887

Full Name of Deceased, Samuel H. Kaskel

Sex, Male or Female

Age, 21 Years, 21 Months, 21 Days.

Color, White

Married, Single, Widow or Widower

Occupation, None

Birth Place, Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 273 N. Euter St

Cause of Death, Cholera Infantum

Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cong

Date of Burial, 28th July 87

Undertaker, A. Altfeld

Place of Business, 188 N High

J. H. Ambrose M. D.
Medical Attendant
303 N Euter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1779 Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28 / 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Ferguson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 Years, 0 Months, 0 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, m

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ind

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 809 Madson Ave

Cause of Death, {First (Primary), Premature Birth (8 mo.)
Second (Immediate),}

Duration of Last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 29 / 87

Undertaker, C. F. Sciven

G Lane Taneyhill

M. D.

Medical Attendant.

Place of Business, 925 Madison Ave Address, 922 Madson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]